DLN: 93491134041399

2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2018, or tax year beginning 01-01-20)18 , a	nd ending 12-3	1-2018	
	e of fou	indation		A Employer	identification numbe	r
П	iL rouii	uation		91-2168280		
		d street (or P O box number if mail is not delivered to street address)	Room/suite	B Telenhone	number (see instructio	ns)
2	10 Lee I	Barton Drive Unit 204		(805) 231-1		,
		, state or province, country, and ZIP or foreign postal code		, ,		
Aust	ın, TX	78704		C If exempt	on application is pendin	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	D 1. Foreign	organizations, check he	ere
		☐ Final return ☐ Amended return			n organizations meeting	
		☑ Address change ☐ Name change		test, c	neck here and attach co	mputation 🕨 🔼
l Ch	neck ty	pe of organization $\mathbf{\nabla}$ Section 501(c)(3) exempt private	foundation		foundation status was to tion 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust	e private foundation			
		xet value of all assets at end J Accounting method	☑ Cash ☐ Accru		ndation is in a 60-mont	
		rom Part II, col (c), ▶\$ 279,131 ☐ Other (specify)		under sec	tion 507(b)(1)(B), chec	ck here
	,	(Part I, column (d) must	be on cash basis)			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(h) National and	. (-) ()	(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes
			J J J J J J J J J J J J J J J J J J J			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ► ✓ If the foundation is not required to attach				
		Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	14,762	14,7	62 14,762	!
	5a	Gross rents				
Ð	b	Net rental income or (loss)	21 720			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	21,739			
eve	b	Gross sales price for all assets on line 6a 439,011 Capital gain net income (from Part IV, line 2)		21,7	30	
~	7 8	Net short-term capital gain		21,7	20,936	
	9	Income modifications			20,530	
	10a	Gross sales less returns and allowances				
	ь	Less Cost of goods sold				
	С	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	36,501	36,5	01 35,698	3
	13	Compensation of officers, directors, trustees, etc				
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits				
1156	16a	Legal fees (attach schedule)				
<u>g</u>	ь	Accounting fees (attach schedule)	2,371	2,3	71	2,37
Operating and Administrative Expenses	c	Other professional fees (attach schedule)	2,414	2,4	14	
Ĭ	17	Interest				
ت ت	18	Taxes (attach schedule) (see instructions)				
Ē	19	Depreciation (attach schedule) and depletion				
€	20	Occupancy				
∀	21	Travel, conferences, and meetings				
Ē	22	Printing and publications				
<u>5</u>	23	Other expenses (attach schedule)	134	1	34	13
<u> </u>	24	Total operating and administrative expenses.				
ğ		Add lines 13 through 23	4,919		19	2,50
ر	25	Contributions, gifts, grants paid	19,395			19,39
	26	Total expenses and disbursements. Add lines 24 and 25	24.24		10	34.00
	27	Subtract line 26 from line 12	24,314	4,9	13	21,90
	a	Excess of revenue over expenses and				
		disbursements	12,187			
	Ь	Net investment income (if negative, enter -0-)		31,5	82	
	С	Adjusted net income (If negative, enter -0-)		<u> </u>	35,698	
	D	want Haduston Ast Natica assimaturation -		C-1 N 4404	-	AAA BE (CC)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Grants payable

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Deferred revenue

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

264,420

291,416

291,416

291,416

291,416

259.526

300,059

300.059

300,059 300,059

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291,416

12,187

303,603

300,059 Form 990-PF (2018)

3,544

238,598

279,131

		Less allowance for doubtful accounts
	4	Pledges receivable ▶
		Less allowance for doubtful accounts ▶
	5	Grants receivable
	6	Receivables due from officers, directors, trustees, and other
		disqualified persons (attach schedule) (see instructions)
	7	Other notes and loans receivable (attach schedule) ▶
		Less allowance for doubtful accounts ▶
2	8	Inventories for sale or use
ssets	9	Prepaid expenses and deferred charges
As	10a	Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule) h Investments—corporate bonds (attach schedule) C Investments—land, buildings, and equipment basis ▶ _ 11 Less accumulated depreciation (attach schedule) ▶ ___ 12

13 14

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28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

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	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a Merrill Lynch #2002 -Sho	ort term		P	2018-01-01	2018-12-31
b Merrill Lynch #2002 -Lon			P	2017-01-01	2018-12-31
c Merill Lynch #2008 - Sho	-		P	2018-01-01	2018-12-31
d Merill Lynch #2008 - Lon			P	2013-01-01	2017-12-31
•	g reim		r	2017-01-01	2017-12-31
e	10		()		
(e)	(f) Depreciation allowed		(g) other basis		h) r (loss)
Gross sales price	(or allowable)		ense of sale) minus (g)
a	805		767	(-) (-)	38
	4,531		3,728		803
	8,760		309,547		-787
	4,915		103,230		21,685
	4,913		103,230		21,003
е					
Complete only for assets	showing gain in column (h) and ow	- i			1)
(i)	(i)		(k)		h) gain minus
F M V as of 12/31/69	Adjusted basis		of col (i)		less than -0-) or om col (h))
	as of 12/31/69	over coi	(j), if any	L03363 (11V	
a					38
b					803
С					-787
d					21,685
e					
2 Capital gain net income3 Net short-term capital g	or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F 1222(5) and (6)		2	21,739
If gain, also enter in Pai in Part I, line 8	rt I, line 8, column (c) (see instructi	ons) If (loss), enter -0	}	3	20,936
Part V Qualification L	Jnder Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on ne	et investment incom	e)	
If section 4940(d)(2) applies, le	eave this part blank				
	e section 4942 tax on the distributal of qualify under section 4940(e) Do		ın the base period?	Ye	es 🔽 No
 Enter the appropriate am 	nount in each column for each year,	see instructions before	making any entries	;	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017	20,581		306,857	,	0 06707
2016	20,033		297,222		0 06740
2015	17,106		323,298		0 05291
2014	17,266		340,321		0 05073
2013	15,650		336,233		0 04655
2 Total of line 1, column (c	·		· · ·		0 284661
· · · · · · · · · · · · · · · · · · ·	•				0 204001
number of years the foun	ofor the 5-year base period—divide indation has been in existence if less incharitable-use assets for 2018 fron	than 5 years	0, or by the 3		0 056932 309,642
			5		
5 Multiply line 4 by line 3			· · · · · · · · · · · · · · · · · · ·		17,629
	ent income (1% of Part I, line 27b)		6		316
7 Add lines 5 and 6			7		17,945
If line 8 is equal to or gre	ons from Part XII, line 4 , . . eater than line 7, check the box in Pa		<u>8</u> nplete that part usin	g a 1% tax rate Se	21,900 e the Part VI
instructions					

Page **6**

5a	During the year did the foundation	pay or	incur any amount to						Yes	No
	(1) Carry on propaganda, or other	wise at	empt to influence legisl	ation (section 4945(e))?	Г	ר ע ע כר	✓ N			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry						١ ١			
	on, directly or indirectly, any voter registration drive? Yes V No							_		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organization other than a charitable, etc., organization described							١ .		
	ın section 4945(d)(4)(A)? See ı	nstruct	ions		[Yes	✓ N	_		
	(5) Provide for any purpose other t	han re	ligious, charitable, scien	tıfıc, lıterary, or	_	res		١ .		
	educational purposes, or for the	e preve	ntion of cruelty to childr	en or animals?	[Yes	✓ N			
b	If any answer is "Yes" to 5a(1)-(5)	, dıd aı	ny of the transactions fa	ıl to qualify under the ex	ceptions descri	ped in		١ .		
	Regulations section 53 4945 or in a	currer	it notice regarding disas	ter assistance? See instr	uctions			5b		No
	Organizations relying on a current i	notice r	egarding disaster assist	ance check here		. ▶				
C	If the answer is "Yes" to question 5	a(4), d	oes the foundation clain	n exemption from the						
	tax because it maintained expendit	ure res	ponsibility for the grant?			Yes	✓ N	_		
	If "Yes," attach the statement requi	ired by	Regulations section 53	4945-5(d)		_ res		١ ١		
6 a	Did the foundation, during the year	receiv	e any funds, directly or	indirectly, to pay premit	ıms on					
	a personal benefit contract?	-				٦				
b	Did the foundation, during the year	, pay p	remiums, directly or ind	lirectly, on a personal be	nefit contract? .	_ Yes	. ∠ №	о 6ь		No
	If "Yes" to 6b, file Form 8870			,,						
7a	At any time during the tax year, wa	s the f	oundation a party to a p	rohibited tax shelter trai	nsaction? F	٦				
b	If yes, did the foundation receive a				L	⊥ Yes · · .	✓ N	° 7ь		No
8	Is the foundation subject to the sec		•			n or				
	excess parachute payment during t		1 / 1	' '		_				
	Information About				L		<u> </u>			
Pa	and Contractors	Office	is, Directors, Trust	ees, roundation Ma	illagers, nig	illy Pali	и Епір	ioyees,	,	
	List all officers, directors, truste				C!					
1		es. roi				ons				
	List an officers, an ectors, truste			•			<u>. </u>			
	(a) Name and address		Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contrib	outions to		e) Exper		
		(b) Title, and average	(c) Compensation (If	(d) Contrib	outions to efit plans	and	e) Exper other a		
		(b)) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter	(d) Contrib employee bene deferred cor	outions to efit plans	and			
Helen 210 L	(a) Name and address e Gordon ee Barton Drive Unit 204	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contrib employee bene deferred cor	outions to efit plans	and			
Helen 210 L Austir	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704	Preside 5 00	e) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred con	outions to efit plans	and			
Helen 210 L Austir Hallie	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon	(b)	e) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred con	outions to efit plans	and			
Helen 210 L Austir Hallie 210 L	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704	Preside 5 00	e) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred con	outions to efit plans	and			
Helen 210 L Austir Hallie 210 L Austir	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204	Preside 5 00 Director 1 00 Director 1 00	r) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred con	outions to efit plans	and			
Helen 210 L Austir Hallie 210 L Austir Lacey 1108	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon Gordon Reagan Terrace	Preside 5 00 Directo 1 00	r) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-)	(d) Contril employee bend deferred con	outions to efit plans	and			
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon Gordon Reagan Terrace n, TX 78704	Preside 5 00 Directo 1 00 Directo 1 00	r) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-) 0	(d) Contril employee bene deferred con	outions to efit plans npensatio	and (other a	llowand	ces
Helen 210 L Austir Hallie 210 L Austir Lacey 1108	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon Gordon Reagan Terrace	Preside 5 00 Directo 1 00 Directo 1 00	r) Title, and average hours per week devoted to position ent	(c) Compensation (If not paid, enter -0-) 0	(d) Contril employee bene deferred con	outions to efit plans npensation ions). I	and (other a	llowand	ces
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon Reagan Terrace n, TX 78704 Compensation of five highest-pa	President 5 00 Director 1 00 Director 1 00	ployees (other than to	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee bene deferred con	outions to efit plans npensation ions). I outions to	f none,	other a	NONE	ces
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2	(a) Name and address e Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon ee Barton Drive Unit 204 n, TX 78704 Gordon Gordon Reagan Terrace n, TX 78704	Preside 5 00 Director 1 00 Director 1 00 Director 1 00 Director 1 00 Preside em	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0	(d) Contril employee bene deferred con	cions to the control of the control	f none,	other a	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00 Director 1 00 Preside em	ployees (other than to	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee bend deferred con L—see instruct (d) Contril employee	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	." ount,
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	." ount,
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	." ount,
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than to b) Title, and average hours per week devoted to position ent or the ployees of the ployees of the ployees (other than to b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line	(d) Contril employee benedeferred con L—see instruct (d) Contril employee plans and	cions to the control of the control	f none,	enter "	NONE.	ees
Helen 210 L Austir Hallie 210 L Austir Lacey 1108 Austir 2 (a)	(a) Name and address e Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon ee Barton Drive Unit 204 1, TX 78704 Gordon Reagan Terrace 1, TX 78704 Compensation of five highest-pa	Preside 5 00 Director 1 00 Director 1 00 Director 1 00	ployees (other than tile) Title, and average hours per week devoted to position or ployees (other than tile) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 0 nose included on line:	(d) Contril employee bend deferred con L—see instruct (d) Contril employee plans and comper	cions to the control of the control	f none,	enter "	NONE.	ees

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	oundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services	(see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Include releva organizations and other beneficiaries served, conferences convened, research papers produce:		r of Expenses
1		
2		
3		
<u> </u>		
4		
Part IX-B Summary of Program-Related Investments (see ins	tructions)	
Describe the two largest program-related investments made by the foundation during the	ax year on lines 1 and 2	Amount
1		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

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4

5

21.900

21,584

Form 990-PF (2018)

316

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

Subtract lines 7 and 8 from line 6a

indicated below:

same amount must be shown in column (a))

Form **990-PF** (2018)

Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Years prior to 2017 2017 2018 Corpus Distributable amount for 2018 from Part XI, line 7 15,166 2 Undistributed income, if any, as of the end of 2018

a Enter amount for 2017 only. **b** Total for prior years Excess distributions carryover, if any, to 2018 a From 2013.

706 1 189 5.264 5,776

12.935

b From 2014. . . . c From 2015. . . d From 2016. e From 2017. f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part

XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions).

c Treated as distributions out of corpus (Election 15,166 **d** Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus 6.734

19,669

19,669

706 1,189

5.264

5,776

6.734

	under section $4942(j)(3)(B)(i)$			
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed			
C	"Support" alternative test—enter			
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)			
	(2) Support from general public and 5 or more exempt organizations as provided in			

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Helene Gordon

210 Lee Barton Drive Unit 204 Austin, TX 78704 (805) 231-1003

b The form in which applications should be submitted and information and materials they should include c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors The foundation will consider distributions to organizations that are organized and operated exclusively for charitable, religious, literary,

environmental, or educational purposes, or for the prevention of cruelty to children and animals



Enter gros	ss amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progra	m service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
c						
	and contracts from government agencies					
_	ership dues and assessments					
	st on savings and temporary cash ments					
	ends and interest from securities					14,762
	ental income or (loss) from real estate					
	t-financed property					
	debt-financed property					
	investment income					
8 Gain o	or (loss) from sales of assets other than cory					21,739
9 Net in	come or (loss) from special events					,
	profit or (loss) from sales of inventory					
11 Other	revenue a					
	tal Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)					36,501 36,501
	· Add line 12, columns (b), (d), and (e). · · · · · · · · · · · · · · · · ·			13	3	36,501
	/I-B Relationship of Activities to th		nment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (instructions)					0
4	Funds from interest and dividends earned or humanitarian and medical purposes	n charitably desig	gnated investment	assets are used for o	ontributions to e	ducational, literary,
3	Funds from capital transactions are used for	contributions to	educational, litera	arv. humanitarian and	l medical purpose	<u> </u>
	rands from capital dialisactions are used for	continuations to	educational, meet	ir yy marriamearian ario	. III caicai parpose	
	-					
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,			
/11	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	

1 Did the creamization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501 (c)) organizations or in section 501 (c) (other than section 501 (c)) organization or in section 502 (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Part	XVII	Exempt Organ		ransters to a	and Transaction	ons and i	Relatio	nsnips with Noncr	iaritable		
(2) Other assets. (2) Other assets. (3) Sales of assets to a noncharitable exempt organization. (4) Sales of assets to a noncharitable exempt organization. (5) Noncharitable of facilities, equipment, or other assets. (6) Performance of services or membership or fundrisising solicitations. (7) Sales of assets to a noncharitable exempt organization. (8) Performance of services or membership or fundrisising solicitations. (9) Performance of services or membership or fundrisising solicitations. (10) Performance of services or membership or fundrisising solicitations. (10) No 150(1)			anization directly or i	ndirectly enga						501	Yes	No
(2) Other assets. (3) Sales of ascets to an onchantable evempt organization. (4) Purchases of ascets from a nonchantable evempt organization. (5) Purchases of ascets from a nonchantable evempt organization. (6) Rembursement arrangements. (7) No. (8) Rembursement arrangements. (8) Loans or loan quarantee. (9) Deterformance of services or membership or fundrasing solicitations. (9) Performance of services or membership or fundrasing solicitations. (10) No. (1	a Trai	nsfers f	rom the reporting fou	indation to a r	oncharitable ex	empt organization	n of					
b Other transactions (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (3) Rental of facilities, equipment, or other assets. (3) Loars or loan guarantees. (4) Performance of services or membership or fundrasing solicitations. (5) Loars or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (7) Loars or loan guarantees. (8) Loars or loan guarantees. (9) The services give the services give by the reporting foundation of the floundation of sharing arrangement, short nothern (4) the floundation developed the floundation of the floundation of sharing arrangements or the floundation of the floundation of sharing arrangements or sharing arrangement or sharing arrangements or sharing arrangement or sharing arrangeme	(1)	Cash.								1a(1)		No
(a) Sales of assets to a noncharatable exempt organization. (3) Performance of assets from a noncharatable exempt organization. (4) Rembursement arrangements. (5) Losa or foan quarantees. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance of services or membership or fundrasing solicitations. (6) Performance or services service	(2)	Other	assets							1a(2)		No
(2) Purchases of assets from a nonchartable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (7) Sharing of facilities, equipment, making lists, other assets, or paid employees. (8) Performance of services or membership or fundraising solicitations. (8) Performance of services or membership or fundraising solicitations. (9) Performance of services are supported to the seasons of the seasons o												
(3) Rental of facilities, equipment, or other assets, 10(3) No 15(4) No 15(4) No 15(4) No 15(5) Loans or loan guarantees. 10(6) Performance of services or membership or fundraising solicitations. 10(6) No 15(6) No 15(6					-					_ 		
(4) Rembursement arrangements. (5) Lacis to long quarantees. (6) Performance of services or membership or fundraising solicitations. (6) Performance of services or membership or fundraising solicitations. (8) Lacis to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value in any formation or sharing arrangement, shown in cultum (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than far market value in any formation or sharing arrangement, shown in cultum (d) the value of the goods, other assets, or services goods, chier assets, or										- ` `		
(5) Loans or loan guarantees. 1b(5) No (6) Performance of services or membership or fundraising solicitations. 1b(6) No (7) Performance of services or membership or fundraising solicitations. 1b(6) No (8) Amount myster to any of the above is "Yes," complete the following schedule. Column (9) should always show the fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (e) Line No (b) Amount involved (c) Name of nonchamable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? □ Yes □ No b If "Yes," complete the following schedule (a) Name of nonchamable exempt organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer shars any knowledge Visignature of officer or trustee □ Date □ Title □ Titl												
(6) Performance of services or membership or fundrissing solicitations. 1b(6) No c Shaning of facilities, equipment, mailing lists, other assets, other assets, or paid employees. 1 d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting floration if the foundation received less than fair market value of the goods, other assets, or services received. (a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements. 2a Is the Foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?												
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d If the answer to any of the above is "Yes," complete the following schedule: Collumn (b) should always show the fair market value in any transaction or sharing arrangement, show in collumn (d) the value of the goods, other assets, or services given by the reporting doubtloon. If the foundation received less than fair market value in any transaction or sharing arrangement, show in collumn (d) the value of the goods, other assets, or services received. (a) Line No. (b) Amount involved. (c) Name of noncharitable exempt organization. (d) Description of transfers, transactions, and sharing arrangements. 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other chain section 501(c)(3)) or in section 527?												
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line No. (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	٠,				_					— <u>`</u>		
(a) Line No (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	d If th	ne answ	er to any of the abov	e is "Yes," coi	mplete the follow	wing schedule Co	lumn (b) s	should alv	ways show the fair mar			
(a) Line No (b) Amount involved (c) Name of nonchantable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?												
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?	iii u	ily clair	saction or snaring an	angement, sn	ow in column (a) the value of the	c goods, o	ciici asse	ts, or services received			
described in section 501(c) (other than section 501(c)(3)) or in section 527?	(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(d) Des	cription of	transfers, transactions, an	d sharing arra	ngemen	ts
described in section 501(c) (other than section 501(c)(3)) or in section 527?				-								
described in section 501(c) (other than section 501(c)(3)) or in section 527?												
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described in section 501(c) (other than section 501(c)(3)) or in section 527?												
described in section 501(c) (other than section 501(c)(3)) or in section 527?							_					
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ***** Signature of officer or trustee Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ □ Firm's name ▶ Berson Financial Group Inc Firm's address ▶ 16255 Ventura Blvd Ste 800			•	•	•	•			_			
(a) Name of organization (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (g) Description of relationship (h) Type of organization (h) Type of organization (c) Description of relationship (d) Description of relationship (e) Description of relationship (f) Description of relationship (h) Type of organization (c) Description of relationship (d) Description of relationship (a) Description of relationship (d) Description of relationship (e) Description of relationship (. , ,		n 501(c)(3)) or	in section 52/7.			⊔Yes	₩ No		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge ****** 2019-05-14 ****** Signature of officer or trustee Date Title Title Title	D It "	res," co			1 (b) Type of organizat	ion	ı	(c) Description of	elationshin		
Sign Here Sign Here			(a) Name of organizati	LIOIT		b) Type of organizat	1011		(C) Description of	elacionamp		
Sign Here Sign Here												
Sign Here Sign Here												
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Here Signature of officer or trustee Date Title		of m	y knowledge and belie	ef, it is true, c								
Print/Type preparer's name Preparer's Signature Print/Type preparer's name Preparer's Signature Print/Type preparer's name Preparer's Signature Steven B Berson Prim's name ▶ Berson Financial Group Inc Firm's address ▶ 16255 Ventura Blvd Ste 800 Phone po. (818) 789-9090	Sign		,	,		2010 05 11		cakacak w w			scuss th	nis
Signature of officer or trustee Date Title Date Da	Here		****			2019-05-14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	****			rer shov	vn
Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ ☐ PTIN Preparer Use Only Print/Type preparer's name Preparer's Signature Date Check if self-employed ▶ ☐ PTIN Pront/Type preparer's name Preparer's Signature Preparer's Signature Print Sig			·	hahaa		Data	/ _	l _				· · ·
Paid Preparer Use Only Steven B Berson Steven B Berson Firm's name ▶ Berson Financial Group Inc Firm's ell ▶ 56-2667099 Firm's address ▶ 16255 Ventura Blvd Ste 800			ignature of officer or	trustee		Date		itle	(see ınstr)?	✓ Yes	□No
Paid Preparer Use Only Steven B Berson Steven B Berson Firm's name ▶ Berson Financial Group Inc Firm's ein ▶ 56-2667099 Firm's address ▶ 16255 Ventura Blvd Ste 800			Print/Type preparer	's name	Preparer's Sigi	nature	Date		PTI	N		
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Use Only Firm's address ► 16255 Ventura Blvd Ste 800 Phone po. (818) 789-9090												
Firm's address 16255 Ventura Blvd Ste 800 Phone no. (818) 789-9090			Firm's name ▶ Bei	son Financial	Group Inc				Firr	n's EIN ▶56	-26670	99
Phone no. (818) 789-9090	use	Unly	Firm's address > 1	6255 Vantura	Blvd Sto 900							
Encino, CA 91436 Priorie no (818) 789-9090			i iiiii s audiess 🚩]	.ozoo ventura	DIVU SLE 000				DL -	ne no /010	1 790 (2000
			E	Encino, CA 91	436					110 110 (010	, , 0 5 - 1	,0,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Ojai Playwrights ConferencePO Box 128 Ojai, CA 93023	None	EOF	Literary	8,020
Ojai Valley Land Conservancy	None	EOF	Conservation	125

Ojai Valley Land Conservancy PO Box 1092 Ojai, CA 93023	None	EOF	Conservation	125
The Battery Conservancy	None	EOF	Conservation	100

Ojai, CA 93023				
The Battery Conservancy 1 New York Plaza Concourse New York, NY 10004	None	EOF	Conservation	100

Total .

19,395

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Health Alliance for Austin Musician PO Box 301496 Austin, TX 78703	None	EOF	Medical	100

Austin, TX 78703				
Care For Real Chicago 5339 N Sheridan Rd	None	EOF	Humanıtarıan	20

Care For Real Chicago 5339 N Sheridan Rd Chicago, IL 60640	None	EOF	Humanıtarıan	200

5339 N Sheridan Rd Chicago, IL 60640				
Help of Ojai111 W Santa Ana St	None	EOF	Humanitarian	250

Chicago, IL 60640				
Help of Ojai111 W Santa Ana St Ojai, CA 93024	None	EOF	Humanıtarıan	250

Help of Ojai111 W Santa Ana St Ojai, CA 93024	None	EOF	Humanıtarıan	250
Total			▶ 3a	19,395

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Al-la Danas ala	NI	F0F	M - J I	250
Housing Opportunities for Women 1607 West Howard Street 2nd Floor Chicago, IL 60626	None	EOF	Humanıtarıan	200
a Paid during the year				
	or substantial contributor			

recipient

Alzheimer's Disease Reseach 22512 Gateway Center Dr Clarksburg, MD 20871	None	EOF	Medical	
Otal Valley Community Hospital Foun	None	EOE	Medical	

Alzheimer's Disease Reseach 22512 Gateway Center Dr Clarksburg, MD 20871	None	EOF	Medical	250
Ojai Valley Community Hospital Foun 1301 Maricopa Highway Ste A Oiai, CA 93023	None	EOF	Medical	200

Clarksburg, MD 20871				
Ojai Valley Community Hospital Foun 1301 Maricopa Highway Ste A Ojai, CA 93023	None	EOF	Medical	200
Total			▶ 3a	19,395

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

	or substantial contributor			
a Paid during the year				
Youth Guidance BAM	None	EOF	Youth	100

Chicago, IL 60602				
Ojai Cares960 East Ojai Ave Suite 105	None	EOF	Medical	1!

1	Bandom Asta of Flowers (19 C Cay St	Nene	FOE	H. manutarian	15
	Ojai Cares960 East Ojai Ave Suite 105 Ojai, CA 93023	None	EOF	Medical	150

Ојаї, СА 93023	The state of the s	201	Trouvea	
Random Acts of Flowers618 S Gay St	None	EOF	Humanıtarıan	

Ojai, CA 93023				
Random Acts of Flowers618 S Gay St Knoxville, TN 37902	None	EOF	Humanıtarıan	150

Random Acts of Flowers618 S Gay St Knoxville, TN 37902	None	EOF	Humanitarian	150
Total			▶ 3a	19,395

Recipient If recipient is an individual, Purpose of grant or Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
AIDS Services of AustinPO Box 4874	None	EOF	Medical	100

AIDS Services of AustinPO Box 4874 Austin, TX 78765	None	EOF	Medical	100
Deborahs Place2822 W Jackson Blvd Chicago, IL 60612	None	EOF	Housing support	200

Deborahs Place2822 W Jackson Blvd Chicago, IL 60612	None	EOF	Housing support	200
Unicef125 Maiden Lane	None	EOF	Humanitarian	500

	Chicago, IL 60612			3 11	
П	Unicef125 Maiden Lane	None	EOF	Humanitarian	500
ı	N V L NIV 40000	ı	I		I

-				
Unicef125 Maiden Lane	None	EOF	Humanitarian	500
New York, NY 10038				

Unicef125 Maiden Lane	None	EOF	Humanitarian	50
New York, NY 10038				

O	1			
New York, NY 10038				
				(

New 101K, N1 10030		
Total	 ▶ 3a	19,395

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Planned Parenthood of Texas	None	EOF	Medical	1,500

201 E Ben White Blvd Austin, TX 78704				
Refugee One4753 North Broadway 401	None	EOF	Social Services	

Total .

Austin, TX 78704				
Refugee One4753 North Broadway 401 Chicago, IL 60640	None	EOF	Social Services	

Refugee One4753 North Broadway 401 Chicago, IL 60640	None	EOF	Social Services	100
ACLU Foundation125 Broad Street	None	EOF	Cıvıl Liberties	1,000

Chicago, IL 60640				
ACLU Foundation125 Broad Street New York, NY 10004	None	EOF	Cıvıl Liberties	1,000

ACLU Foundation125 Broad Street New York, NY 10004	None	EOF	Civil Liberties	1,00
New fork, NY 10004				

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
Sarah's Cırcle4838 N Sherıdan Road	None	EOF	Housing support	100

hicago, IL 60640				
verytown for Gun SafetyPO BOx 3886 ew York, NY 10007	None	EOF	Gun Violence	

Everytown for Gun SafetyPO BOx 3886 New York, NY 10007	None	EOF	Gun Violence	250
Health Alliance for Austin Musician	None	EOF	Medical	100

New York, NY 10007				
Health Alliance for Austin Musician 3010 S Lamar Blvd Austin, TX 78704	None	EOF	Medical	100

Health Alliance for Austin Musician 3010 S Lamar Blvd Austin, TX 78704	None	EOF	Medical	100
l Total			▶ 3a	19.395

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Mothers Against Senseless Killings PO Box 368755	None	EOF	Youth	200

Chicago, IL 60636				
NRDC40 West 20th St New York, NY 10011	None	EOF	Environment	

NRDC40 West 20th St New York, NY 10011	None	EOF	Environment	250
Age of Central Texas3710 Cedar St	None	EOF	Support for Elderly	100

New Tork, NT 10011				
Age of Central Texas3710 Cedar St Austin, TX 78705	None	EOF	Support for Elderly	100

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Cirles and Ciphers1545 W Morse Ave Chicago, IL 60626	None	EOF	Youth	100

Chicago, IL 60626				
COAT Angels4809 North Ravenswood Chicago, IL 60640	None	EOF	Humanitarian	200

Condition to Consume 41.41 W Consume St	Nama	FOF	Valith	100
COAT Angels4809 North Ravenswood Chicago, IL 60640	None	EOF	Humanitarian	200

Chicago, IL 60640				
Cradles to Crayons4141 W George St	None	EOF	Youth	100

Chicago, IL 60640				
	None	EOF	Youth	100
Chicago II 60641				l .

19,395

Cradles to Crayons4141 W George St	None	EOF	Youth	100
Chicago, IL 60641				

cradies to crayons4141 W George St	None		Toutif	, 10
Chicago, IL 60641				<u> </u>

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

, ,	or substantial contributor			
a Paid during the year				
Doula Trainings International	None	EOF	Medical	500

411 W Monroe St Austin, TX 78704				
Earth Justice50 California St Suite 500	None	EOF	Environment	250

71d3cm, 177 70701				
Earth Justice50 California St Suite 500 San Francisco, CA 94111	None	EOF	Environment	250

San Francisco, CA 94111	None	EOF	Environment	250
Family Eldercare1700 Rutherford Lane	None	EOF	Humanitarian	100

Total .

san maneloco, em s illi				
Family Eldercare1700 Rutherford Lane Austin, TX 78754	None	EOF	Humanıtarıan	100

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Eractured Atlac None EOE Cultural 900

248 West 35th Street 10th Floor New York, NY 10001	None	EOF	Cultural	800
Julia's Garden1700 South 3rd St Austin, TX 78704	None	EOF	Youth Education	500
Kids In Need Of Defence	None	FOF	Civil Liberties	500

Julia's Garden1700 South 3rd St Austin, TX 78704	None	EOF	Youth Education	500
Kids In Need Of Defence 1201 L Street N 2nd Floor Washington, DC 20005	None	EOF	Civil Liberties	500

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Mayo Clinic13400 E Shea Blvd Scottsdale, AZ 85259	None	EOF	Medical	500
Oregon Institute for Creative Resea 1826 SE 35th Avenue Portland, OR 97214	None	EOF	Education	200

1826 SE 35th Avenue Portland, OR 97214				
Story Catchers Theatre 544 W Oak Street 1005	None	EOF	Cultural/Youth	100

Tordand, OK 37214				
Story Catchers Theatre 544 W Oak Street 1005 Chicago, IL 60610	None	EOF	Cultural/Youth	100

19,395

Story Catchers Theatre	None	EUF	Cultural/Youth	1
544 W Oak Street 1005				
Chicago, IL 60610				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

Toyas Dianor Bank	None	EOE	Health	250
Texas Book Festival 1023 Springdale Rd Bldg 14 Suite B Austin, TX 78721	None	EOF	Education	500
a Falu during the year				

Austin, IX 78721				
Texas Diaper Bank 1803 Grandstand Dr 150 San Antonio, TX 78238	None	EOF	Health	250

1803 Grandstand Dr 150 San Antonio, TX 78238	None		Treater	230
The Refuge for DMSTPO Box 90804	None	EOF	Sex Trafficking	250

San Antonio, TX 78238				
The Refuge for DMSTPO Box 90804 Austin, TX 78709	None	EOF	Sex Trafficking	250

19,395

The Refuge for DMSTPO Box 90804	None	EOF	Sex Trafficking	2
Austin, TX 78709				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
Youth 2 Seniors Inc 15009 Spellman Ranch Loop	None	EOF	Elderly/Youth	100

Auctin TV 79729

Austin, 1X 76736				
Safe Alliance 601 E Fifth Street Suite 400 Charlotte, NC 28202	None	EOF	Youth	200

ı	Safe Alliance	None	EOF	Youth	200
	601 E Fifth Street Suite 400				
	Charlotte, NC 28202				
ł					

efile GRAPHIC print - DO NOT PROCE	ESS As Filed D)ata -	DI	LN: 93491134041399			
TY 2018 Accounting Fees	TY 2018 Accounting Fees Schedule						
Name: HHL Foundation							
F	EIN: 91-2168280						
Software	ID: 18007218	.8		1			
Software Vers	ion: 2018v3.1	1		1			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
Accounting fees	2,371	2,371	0	2,371			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	a -	DL	N: 93491134041399
TY 2018 Investments - Other	Schedule			
Name:	HHL Foundation	n		
EIN:	91-2168280			
Software ID:	18007218			
Software Version:	2018v3.1			
nvestments Other Schedule 2				
Category/ Item	L	isted at Cost or FMV	Book Value	End of Year Fair Market Value
Merrill Lynch #2002 - Mutual Funds	FI	4V		

FMV

259,526

238,598

Merrill Lynch #2008 - Mutual Funds

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491134041399		
TY 2018 Other Expenses Schedule						
Name:	HHL Foundation	1				
EIN:	91-2168280					
Software ID:	18007218					
Software Version:	2018v3.1					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Federal Tax	99	99		99		
Franchise Tax Board Filing Fee	10	10		10		
Licenses & Permits	25	25		25		

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DLN	N: 93491134041399		
TY 2018 Other Professional Fees Schedule						
Name: HHL Foundation						
EIN: 91-2168280						
Software ID: 18007218						
Software Version	on: 2018v3.1					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Investment Management Fees	2,414	2,414	0	0		